



**The Witness Project  
Trademark License Agreement  
Financial Sub-Contract  
Information Sheet**

**Date site was initially started:** \_\_\_\_\_

**Institution Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Program Director/Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of Authorized  
Person to Sign Contract:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**How many staff are in your organization?** \_\_\_\_\_

**How many volunteers have you trained?** \_\_\_\_\_

**How many women have you educated over the last year?** \_\_\_\_\_

**Please complete this form and return it to: Dee Johnson**

**The National Witness Project  
Elm & Carlton  
Buffalo, New York 14263  
Office 716-845-1394**



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